

Foster Family Home - Corrective Action Report

Provider ID: 1-110004

Home Name: Maricel Manuel, CNA

Review ID: 1-110004-6

94-1241 Henokea Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/20/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#5's APS/CAN lapsed on 2/26/20 and renewed on 3/4/2020.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2, CG#3, CG#4, and CG#5 had no evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home	Records	[11-800-54]
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54.(a)(1) Emergency procedures and an evacuation map;

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(1)- Emergency/Evacuation Map exit doors were not labeled as "EXIT".

54.(b)- No signatures for each dated entries in the progress/observation notes on Client #1 from 11/19/19 thru 12/15/2020.

54.(c)(2)- No Service Plan seen in Client #2's chart/binder.

54.(c)(5)- Client #1 and Client #2's Medication Administration Records were last signed on 12/18/2020.

Maribel Nakamine, RN
Compliance Manager
Maricel Manuel
Primary Care Giver

12/20/2020
Date
12/20/2020
Date

CTA RN Compliance Manager:

Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

MARICEL MANUEL

(PLEASE PRINT)

CCFFH Address:

94-1241 Henokea St Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3(a)(2)	Lapse cannot be corrected	12/28/20	In the future I will make a calendar to put all due dates at least 2 weeks before due date of all documents to avoid lapses.
3(p)(b)(6)	provided a copy of this month fire drill conducted my SCC kept in the home records.	12/28/20	In the future I will make sure my SCC's conduct monthly fire drill within a year.
54(a)(6)	attach a copy of my Emergency Evacuation plan labeled.	12/28/20	In the future I will make sure that my Emergency Evacuation plan labeled



All items that were fixed are attached to this CAP

PCG's Signature:

Manuel

Date:

12-28-20

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

MARILEZ MANUEL

(PLEASE PRINT)

CCFFH Address:

941241 Henokea St Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(b)	Provided a copy of my progress notes on client #1 with my signature. kept in home/client records.	12/28/20	I will make sure to sign after I finish my progress notes all the time.
54(c)(2)	CMA provided a copy of service plan for client #2. Attach a copy. Copy kept in the chart.	12/28/20	In the future I will make sure I have the copy of my clients service plan. Notify my CMA 3 days after admission.
54(c)(5)	For client #1 and #2 MAR was sign. kept in clients chart.		I will make sure to sign MAR of my clients as soon I finish give the medication.



All items that were fixed are attached to this CAP

PCG's Signature:

ManuelDate: 12-28-20

CTA has reviewed all corrected items